


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 20, 2006 8:00 am**  
**Secretary of State**

01-20-2006 90029 047 \*\*\*150.00

<b>DOCUMENT # P95000016249</b> 1. Entity Name <b>CAUDALES BAKERY, INC.</b>					
Principal Place of Business <b>1740 PALM AVENUE HIALEAH, FL 33010</b>			Mailing Address <b>1740 PALM AVENUE HIALEAH, FL 33010</b>		
2. Principal Place of Business <b>500 W 66 St</b>		3. Mailing Address <b>500 W 66 St</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Hialeah, Fl</b>		City & State <b>Hialeah, Fl</b>		4. FEI Number <b>65-0561223</b>	
Zip <b>33012</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>33012</b>		Country <b>USAA</b>		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>CAUDALES, JULIO L 1740 PALM AVENUE HIALEAH, FL 33010</b>			7. Name and Address of New Registered Agent Name <b>Julio Caudales</b> Street Address (P.O. Box Number is Not Acceptable) <b>500 W 66 St</b> City <b>Hialeah, Fl</b> <b>FL</b> Zip Code <b>33012</b>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>X <i>Julio Caudales</i></u> DATE <u>1/5/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD CAUDALES, LUIS 500 WEST 66 ST. HIALEAH, FL 33012	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT CAUDALES, JULIO L 500 WEST 66 ST. HIALEAH, FL 33012	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>X <i>Julio Caudales</i></u> <span style="float: right;">1/5/06 305-826-2254</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					